

NHII 03 Safety and Quality Group B

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**This presentation does not necessarily reflect the views of the U.S.
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Group B

Facilitators

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Invited Experts

- **Sarah Corley, MD**
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Safety and Quality B: Current Status

- **Lack of knowledge, metrics, and QI culture**
- **Fragmented data**
- **Lack of integration of care system with quality and safety systems**
- **Lack of data standards**
- **Lack of generalizable solutions for the masses**
- **Lack of resources (capital, expertise, labor)**
- **Lack of system design in healthcare**
- **Toxic financing schemes**

Safety and Quality B: Desired State

- **Aligned incentives / reallocation of waste**
- **Standardized, free-flowing, interoperable quality/safety reports**
- **Common terminology, data definitions**
- **Integration of care and quality/safety**
 - **Enter data once, reuse many**
- **Integrated DSS and performance metrics built into information system**
- **Clinical quality networks**
- **Clearinghouse of executable EBM solutions**
- **Quality/safety curriculum in training**

Safety and Quality B: Gaps and Barriers

- **Customer business case/executive sponsorship not there**
 - **Cost of poor quality not quantified**
 - **Buyers not the beneficiaries**
- **Demoralizing practice environment**
- **Lack of uniform definitions of quality**
- **Privacy, competitive barriers to data sharing**
- **Lack of protection for patient safety data**
- **Internal stovepipes (care, quality, safety)**
- **Momentum of failure; rare showcases of success**
- **Multiple standard-setting organizations, yet not comprehensive set**
- **Lack of front-line participation in designing solutions**

Safety and Quality B: Short Term Recommendation 1

- **AHRQ should fund evaluation of existing safety and quality systems (successes and failures) and study how to overcome implementation challenges, and disseminating results and lessons learned**

Safety and Quality B: Short Term Recommendation 2

- **Patient Safety Task Force should develop standardized patient safety reports**

Safety and Quality B: Short Term Recommendation 3

- **AHRQ should fund private/public collaboration (including e.g., QuIC, NQF, JACHO, NCQA) to develop:**
 - **Standardized patient safety and quality measures**
 - **Standardized data fields**
 - **Provider-level quality reports at various levels of granularity**

Safety and Quality B: Short Term Recommendation 4

- **AHRQ should support HL-7 or other voluntary consensus groups to develop data, knowledge representation, and exchange standards that support patient safety and quality**

Safety and Quality B: Short Term Recommendation 5

- **CMS should fund regional, standards-based NHII demonstration projects, including smaller practices, where data are shared to:**
 - **improve patient safety and quality...**
 - **Submit common reports to public and private patient safety and quality agencies...**
 - **And support collaborative learning consortia**

Safety and Quality B: Short Term Recommendation 6

- **Congress should create the legal infrastructure to support patient safety/quality data reporting and analysis**

Safety and Quality B: Short Term Recommendation 7

- **HHS should increase funding of clinical informatics training programs**

Safety and Quality B: Short Term Recommendation 8

- **Educate senior executives and the public about connections between IT and patient safety and quality**

Safety and Quality B: Medium Term Recommendation 1

- **Public and private-sector payers should collaborate on broadly implementing incentive approaches that prove effective**

Safety and Quality B: Medium Term Recommendation 2

- **A public private trusted authority should create an accessible mini-patient record (e.g., meds, allergies, problems)**

Safety and Quality B: Medium Term Recommendation 3

- **Create central resources and processes that serves as a:**
 - **Library of...**
 - **Nationally vetted clinical guidelines and knowledge sources in...**
 - **Standardized executable format...**
 - **Using a standard guideline authoring tool...**
 - **Consistent with the needs of patient safety and quality**

Safety and Quality B: Medium Term Recommendation 4

- **AHRQ should conduct research to improve methods of automated adverse event detection and reporting using the capabilities of EMRs**

Safety and Quality B: Medium Term Recommendation 5

- **AAMC should require hands-on experience in IT-enabled quality and safety systems as part of health professional training**